

TOWN OF LENOX COMMITTEE APPLICATION

Name: _____
Last First Middle

Address: _____
Number/Street P.O. Box City State Zip

Telephone: _____
Home Work (Hours)

What aroused your interest in serving the town?
_____ Newspaper Ad _____ Friend _____ Legal Notice _____ Other

Have you previously served on a Town Committee? _____

If so, when? _____ Which Committee(s)? _____

Work Experience: _____

Educational Background: _____

What are your community interests? _____

Are you available on a year-round basis? _____

I believe I could contribute _____ hours a month.

I would like to serve Lenox and might be interested in serving on the following Committees.
If more than one, please indicate preference, 1, 2, 3, etc.

- | | |
|---|-------------------------------|
| _____ Academy Building Committee | _____ Kennedy Park Committee |
| _____ Ambulance Squad | _____ Lenox Cultural Council |
| _____ Americans with Disabilities Act Comm. | _____ Police Department |
| _____ Cable TV Advisory Committee | _____ Special Traffic Officer |
| _____ Capital Improvements Committee | _____ Registrar of Voters |
| _____ Community Center Board | _____ Scholarship Committee |
| _____ Conservation Commission | _____ Youth Drug & Alcohol |
| _____ Finance Committee | _____ Committee |
| _____ Historic District Commission | _____ Zoning Board of Appeals |
| _____ Historical Commission | |

RETURN TO: Board of Selectmen, Town Hall - 6 Walker Street, Lenox, MA 01240

THIS APPLICATION WILL BE PLACED ON FILE FOR REFERENCE WHEN A VACANCY OCCURS.

If you wish to be **reappointed** to a position that you currently hold, please complete this section of the form:

Name: _____
Position currently held: _____
Term to be reappointed until: _____